PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER			ER EXTRA	1	RATE	FEE		0.77				
BASIC FEE (37 CFR 1.18(a))				1	IVIL			RATE	FEE			
TOTAL CLAIMS (37 CFR 1.16(d)) minus 20 = -				1		<u></u>	OR .	ļ	<u>. </u>			
IND	EPENDENT CLAU	vis /				ł	X 8		OR	X \$=		
(37 CFR 1.18(b)) minus 3 = •					ł	X \$		OR	x \$=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+1=		OR	+5 =		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
	(Cotumn 1) (Cotumn 2) (Cotumn 3)					SMALL	NTITY	OR		R THAN ENTITY		
ENDMENT A	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 OFR 1.16(c))	20	Minus	- 20		ľ	X \$ =		OR	X 8=	-	
AMEN	Independent (37 CFR 1.16(b))	3	Minus	<i>-3</i>	•	ŀ	X \$=		OR	x * =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))]	+: =		OR'	+1 =		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	2	
(Column 1) (Column 2) (Column 3)										ADOLFEE		
AMENDMENT B	7/16/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	(37 CFR 1.18(c)) Independent	1/8	Minus	20	- /		X \$e		OR	x ş=.		
Œ	(37 CFR 1.18(h))	a_	Minus	<u> </u>	• /		X 8=		OR	X 8=	·	
A	FIRST PRESENT	ATION OF MULTIP	LE DEPENDE	T CLAIM (37 CF	R 1/6(d))		+s =		OR	+s =		
					territoria de la	13 .	TOTAL : ADO'L FEE		OR	TOTAL ADOL FEE	_	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT C	Total	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₫	(37 CFR 1.16(cf)	•	Minus		•	l ·	X \$		OR	X &		
EN	Independent (37 CFR 1.18(b))	•	Minus		8		× 8 =		OR OR	X 8. =		
¥	FIRST PRESENT	ATION OF MULTIP	E DEPENDEN	IT CLAIM (37 CF	R 1.18(d))		+: =		OR	+ 8		
							TOTAL ADO'L FEE			TOTAL		
	If the entry in o	olumn 1 is less th	on the entry	n column 2, with	e "O" in cotumn	3.	Tier-		OR	ADD'L FEE		
		"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form anxilor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1469, Alexandria, VA 22313-1450.